



Find the health care plan that's right for you



Covered services		State Health Plan PPO
Customer service phone number	1-800-843-4876	
Availability	In-network	Out-of-network
Preventive services	Preventive services subject to \$1,500 yearly maximum	
Health maintenance exam or annual gynecological exam	Covered – 100%, one per year	N/A
Pap smear screening – laboratory services only	Covered – 100%, one per year	N/A
Immunizations, annual flu shot and Hepatitis C screening for those at risk	Covered – 100%	N/A
Fecal occult blood screening	Covered – 100%	N/A
Flexible sigmoidoscopy	Covered – 100%	N/A
Colonoscopy	Covered – 100%, not subject to preventive maximum	N/A
Prostate specific antigen screening	Covered – 100%, one per year	N/A
Mammography		
Mammography screening	Covered – 100%, not subject to preventive maximum	N/A
Physician office services		
Office visits, consultations and urgent care visits	Covered – 100% after copay of up to \$10	N/A
Outpatient and home visits	Covered – 100% after deductible	N/A
Emergency medical care		
Hospital emergency room – medical emergency or accidental injury	Covered – 100%	N/A
Ambulance services – medically necessary	Covered – 100% after deductible	N/A
Diagnostic services		
Laboratory and pathology tests	Covered – 100% after deductible	N/A
Diagnostic tests and X-rays	Covered – 100% after deductible	N/A
Radiation therapy	Covered – 100% after deductible	N/A

BCN Advantage	HAP Medicare Advantage	HealthPlus Medicare Advantage
1-800-450-3680	1-888-497-7549	1-800-332-9161
Calhoun, Clinton, Eaton, Genesee, Ingham, Jackson, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Muskegon, Oakland, Ottawa, Saginaw, Shiawassee, Washtenaw and Wayne counties	Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw and Wayne counties	Genesee, Lapeer and Shiawassee counties
Covered – 100% after \$10 copay	Covered – 100% after \$10 copay	Covered – 100% after \$10 copay
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100% after \$10 copay	Covered – 100% after \$10 copay	Covered – 100% after \$10 copay
Covered – 100% after \$10 copay	Covered – 100% after \$10 copay	Covered – 100% after \$10 copay
Covered – 100% after \$50 copay, waived if admitted	Covered – 100% after \$50 copay, waived if admitted	Covered – 100% after \$50 copay, waived if admitted
Covered – 100%, ground and air	Covered – 100%, ground and air	Covered – 100%, ground and air
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%

Covered services	State Health Plan PPO	
	In-network	Out-of-network
<b>Hospital care</b>		
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered – 100% after deductible, unlimited days	N/A
Inpatient consultations	Covered – 100% after deductible	N/A
Chemotherapy	Covered – 100% after deductible	N/A
<b>Alternatives to hospital care</b>		
Skilled nursing care	Covered – 100% after deductible, up to 120 days	N/A
Hospice care	Covered – 100%, limited to the lifetime dollar maximum that is adjusted by the state	N/A
Home health care	Covered – 100% after deductible, unlimited visits	N/A
<b>Surgical services</b>		
Surgery – includes related surgical services	Covered – 100% after deductible	N/A
Voluntary sterilization	Covered – 100% after deductible	N/A
<b>Human organ transplants</b>		
Liver, heart, lung, pancreas and other specified organ transplants – covered in designated facilities only	Covered – 100% after deductible, up to \$1 million maximum per transplant type	N/A
<b>Organ and tissue transplants</b>		
Bone marrow – specific criteria apply	Covered – 100% after deductible	N/A
Kidney, cornea and skin	Covered – 100% after deductible	N/A
<b>Other services</b>		
Allergy testing and injections	Covered – 100% after deductible	N/A
Acupuncture	Covered – 90% after deductible	N/A
Chiropractic spinal manipulation	Covered – 90% after deductible, up to 24 visits per calendar year	N/A
Durable medical equipment	Covered – 100% SUPPORT	Covered – 80% SUPPORT



BCN Advantage	HAP Medicare Advantage	HealthPlus Medicare Advantage
Covered – 100%, unlimited days	Covered – 100%, unlimited days	Covered – 100%, unlimited days
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%, up to 730 days	Covered – 100%, up to 730 days	Covered – 100%, up to 730 days
Covered – 100% in facility, \$10 office visit fee for each home visit	Covered – 100% in facility, \$10 office visit fee for each home visit	Covered – 100% in facility, \$10 office visit fee for each home visit
Covered – 100% in facility, \$10 office visit fee for each home visit	Covered – 100% in facility, \$10 office visit fee for each home visit	Covered – 100% in facility, \$10 office visit fee for each home visit
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria
Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria
Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria	Covered – 100%, subject to medical criteria
Covered – 100%	Covered – 100%	Covered – 100%
Not covered	Not covered	Not covered
Covered – 100% after \$10 copay when referred by primary care physician	Covered – 100% after \$10 copay when referred by primary care physician	Covered – 100% after \$10 copay when referred by primary care physician
Covered – 100%	Covered – 100%	Covered – 100%

Covered services		State Health Plan PPO	
		In-network	Out-of-network
Other services (continued)			
Private duty nursing		Covered – 90% after deductible	N/A
Outpatient physical, speech and occupational therapy – facility and clinic services		Covered – 100% after deductible, up to 90 combined visits per year	N/A
Outpatient physical therapy – physician's office		Covered – 100% after deductible, up to 90 combined visits per year	N/A
Prescription medications			
Prescription drugs		Covered – 100% after copay (see below), Administered by Express Scripts	N/A
Deductible, copays and out-of-pocket dollar maximums			
Deductible		\$200 per member, \$400 per family	N/A
Copays	<ul style="list-style-type: none"> <li>Fixed dollar copays</li> </ul>	<ul style="list-style-type: none"> <li>\$10 for office visits, office consultations and urgent care visits</li> <li>\$7 for generic, \$15 for preferred or \$30 for nonpreferred prescription drugs (retail and mail order)</li> </ul>	N/A
	<ul style="list-style-type: none"> <li>Percent copays</li> </ul>	<ul style="list-style-type: none"> <li>10% for private duty nursing, chiropractic and acupuncture</li> </ul>	N/A
Annual out-of-pocket dollar maximums		\$1,000 per member, \$2,000 per family	N/A

#### State Health Plan PPO information

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by the State Health Plan PPO. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

BCN Advantage	HAP Medicare Advantage	HealthPlus Medicare Advantage
Covered – 100%	Covered – 100%	Covered – 100%
Covered – 100%, limited to 60-day treatments per medical episode, per calendar year	Covered – 100%, limited to 60-day treatments per medical episode, per calendar year	Covered – 100%, limited to 60-day treatments per medical episode, per calendar year
Covered – 100% after \$10 copay	Covered – 100% after \$10 copay	Covered – 100% after \$10 copay
Covered – 100% after copay (see below)	Covered – 100% after copay (see below)	Covered – 100% after copay (see below)
N/A	N/A	N/A
<ul style="list-style-type: none"> <li>• \$10 for office visits, office consultations and urgent care visits</li> <li>• \$10 for health maintenance exam and gynecological exam</li> <li>• \$10 for physical therapy in physician's office</li> <li>• \$50 for emergency room service</li> <li>• \$5 for generic or \$10 for brand-name prescription drugs (retail and mail order)</li> </ul>	<ul style="list-style-type: none"> <li>• \$10 for office visits, office consultations and urgent care visits</li> <li>• \$10 for health maintenance exam and gynecological exam</li> <li>• \$10 for physical therapy in physician's office</li> <li>• \$50 for emergency room service</li> <li>• \$5 for generic or \$10 for brand-name prescription drugs (retail and mail order)</li> </ul>	<ul style="list-style-type: none"> <li>• \$10 for office visits, office consultations and urgent care visits</li> <li>• \$10 for health maintenance exam and gynecological exam</li> <li>• \$10 for physical therapy in physician's office</li> <li>• \$50 for emergency room service</li> <li>• \$5 for generic or \$10 for brand-name prescription drugs (retail and mail order)</li> </ul>
None	None	None
I/A	N/A	N/A

#### MO benefit information

This summary of benefits is designed to provide an overview of available HMO coverage and is subject to the terms and conditions as dictated by the State of Michigan. Services must be obtained from participating plan physicians and providers. In cases of conflict between this summary and your contract, the terms and conditions of the contract govern. A detailed description of benefits and limitations is contained in your certificates and riders.





## Comparison of Health Care Options

### Disclaimer

*This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or co-pay amounts required by the State Health Plan PPO. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan. MSPA members should reference the Benefit Comparison Chart for Members of the State Police Enlisted Unit.*

### Preventive Services

\$1,500 per year per person (State Health Plan PPO only)

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Health maintenance exam	Covered 100% 1 per year	Not Covered	Covered 100% after \$10 office visit co-payment
Annual gynecological exam	Covered 100% 1 per calendar year	Not Covered	
Pap smear screening – laboratory services only <sup>1</sup>	Covered 100% 1 per year	Not Covered	
Well-baby and child care	Covered 100%	Not Covered	
Immunizations <sup>2</sup> , annual flu shot & Hepatitis C screening for those at risk	Covered 100%	Not Covered	
Fecal occult blood screening <sup>1</sup>	Covered 100%	Not Covered	
Flexible sigmoidoscopy <sup>1</sup>	Covered 100%	Not Covered	
Colonoscopy <sup>1 &amp; 2</sup>	Covered 100%	Not Covered	
Prostate specific antigen screening <sup>1</sup>	Covered 100% one per year	Not Covered	

<sup>1</sup> American Cancer Society guidelines apply

<sup>2</sup> Childhood immunizations and colonoscopy exams are excluded from the maximum limit

## Comparison of Health Care Options

### Mammography <sup>1</sup>

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Annual standard film mammography screening (covers digital mammography up to the standard film rate)	Covered 100% Not subject to preventative maximum	Covered 90% after deductible Not subject to preventative maximum	Covered 100%

<sup>1</sup> American Cancer Society guidelines apply

### Physician Office Services

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Office visits, consultations and urgent care visits	Covered \$10 co-pay, deductible not applicable	Covered 90% after deductible	\$10 co-pay
Outpatient and home visits	Covered 100% after deductible	Covered 90% after deductible	

### Emergency Medical Care <sup>2</sup>

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Hospital emergency room for medical emergency or accidental injury	Covered 100%		\$50 co-pay if not admitted
Ambulance services – medically necessary	Covered 100% after deductible		Covered 100%

<sup>2</sup> Emergency room and physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered \$25 maximum.

## Comparison of Health Care Options

### Diagnostic Services

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Laboratory and pathology tests			
Diagnostic tests and x-rays	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Radiation therapy			

### Maternity Services

*Includes care by a certified nurse midwife (State Health Plan PPO only)*

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Prenatal and postnatal care	Covered 100% after deductible	Covered 90% after deductible	Office Visit \$10 co-pay
Delivery and nursery care <sup>3</sup>			Covered 100%

<sup>3</sup> Delivery and well-baby care in the hospital are covered 100% under the Catastrophic Health Plan.

### Hospital Care

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Semi-private room, inpatient physician care, general nursing care, hospital services and supplies	Covered 100% after deductible, unlimited days	Covered 90% after deductible, unlimited days	Covered 100% Unlimited days
Inpatient consultations	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Chemotherapy			

## Comparison of Health Care Options

### Alternatives to Hospital Care

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Skilled nursing care up to 120 days per confinement (730 days for UAVV)	Covered 100% after deductible		Covered 100% up to 730 days
Hospice care	Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State		Covered 100%
Home health care	Covered 100% after deductible, unlimited visits		Check with your HMO

### Surgical Services

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Surgery—includes related surgical services. <sup>4</sup>	Covered 100% after deductible	Covered 90% after deductible	Covered 100%
Voluntary sterilization			Check with your HMO

<sup>4</sup> Inpatient hospital services are 100% covered after deductible under the Catastrophic Health Plan.

### Human Organ Transplants

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant		Covered 100% in designated facilities

## Comparison of Health Care Options

### Organ and Tissue Transplants

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Bone marrow—specific criteria apply	Covered 100% after deductible in designated facilities	Covered 90% after deductible	Covered 100% in designated facilities
Kidney, cornea, and skin			Covered 100% subject to medical criteria

### Other Services

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Allergy testing and injections	Covered 100% after deductible	Covered 90% after deductible	Office visits: \$10 co-pay Injections: Covered 100%
Acupuncture	Covered 90% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO
Rabies treatment after initial emergency room visit	Covered 100% after deductible	Covered 90% after deductible	Office visits: \$10 co-pay Injections: Covered 100%
Chiropractic/spinal manipulation <sup>5</sup>	Covered 100% after \$10 co-pay Up to 24 visits per calendar year	Covered 90% after deductible Up to 24 visits per calendar year	Check with your HMO
Durable medical equipment	Covered 100%	Covered 80% after deductible	Covered
Prosthetic and orthotic appliances			

<sup>5</sup> MSEA employees are covered up to 36 visits per calendar year under the State Health Plan PPO. MCO employees are covered 90% after deductible for both in and out-of-network services.

## Comparison of Health Care Options

### Other Services continued...

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Private duty nursing	Covered 90% after deductible		Covered
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth).		Check with your HMO
Laser eye surgery (MSEA employees only)	\$755 lifetime limit		Check with your HMO
Hearing care	Covered 100% after medical clearance exam by physician	Not covered <sup>6</sup>	Check with your HMO

<sup>6</sup> Not all areas have a network of hearing providers. If there is no network in your area, your provider may participate on a per claim basis. If your provider does not wish to participate, you may pay for services and submit a claim. You will be reimbursed up to the allowed amount for covered services.

### Mental Health/Substance Abuse

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Mental Health Benefits - Inpatient	Covered 100% up to 365 days per year <sup>7</sup>	Covered 50% up to 365 days per year	
Mental Health Benefits - Outpatient	As necessary 90% of network rates	As necessary 50% of network rates	
Alcohol & Chemical Dependency Benefits - Inpatient	10% co-pay Covered 100% Halfway House	Covered 50% <sup>8</sup> Halfway House 50%	Check with your HMO
Alcohol & Chemical Dependency Benefits - Outpatient	\$3,500 per calendar year 90% of network rates 10% co-pay <sup>9</sup>	\$3,500 per calendar year 50% of network rates	

<sup>7</sup> Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

<sup>8</sup> Up to two 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

<sup>9</sup> \$3,500 per calendar year limitation pertains to services for chemical dependency only.

*Comparison of Health Care Options***Prescription Drugs**

Prescription medications for the State Health Plan PPO are covered under the Participating Pharmacy ID Card Plan administered by Express Scripts. The co-pays for prescription drugs (both retail and mail order) are based on the employee's bargaining unit.

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

Employee Group	Generic	Brand Name Preferred	Brand Name Non-Preferred
Non-Exclusively Represented Employees (NERE) (including Judicial employees)			
Institutional Unit represented by AFSCME			
HSS, S & E, and Technical Units represented by SEIU Local 517M	\$7	\$15	\$30
Labor and Trades, Safety and Regulatory Units represented by MSEA			
Security Unit represented by MCO			
Human Services and Administrative Support Units represented by UAW <sup>10</sup>	\$7	\$15	N/A

<sup>10</sup> The prescription drug program will promote the use of generic drugs. Prescription medications on the maintenance drug list (MDL) used on a long term basis will be available only through mail order home delivery per the terms of the contract.

To check the co-pay for drugs you may be taking, visit Express Scripts website at <http://www.express-scripts.com> or contact Express Scripts at (800) 505-2324. The Preferred/Non-preferred list of drugs is updated periodically as new drugs are added. For information about HMO prescription drug coverage, check with the HMO provider.

*Comparison of Health Care Options***Outpatient Physical, Speech, and Occupational Therapy**

Combined maximum of 90 visits per calendar year.

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Outpatient physical, speech and occupational therapy – facility and clinic services	Covered 100% after deductible		Office visit: \$10 co-pay
Outpatient physical therapy – physician's office	Covered 100% after deductible	Covered 90% after deductible	Office visit: \$10 co-pay

**Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums**

	State Health Plan PPO		HMO Benefits
	In-network	Out-of-network	
Deductible	\$200 per member \$400 per family	\$500 per member \$1,000 per family	None
Co-pays ■ Fixed dollar co-pays	\$10 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations (for all employees except MCO) and medical hearing exams	Not applicable, but deductible and co-pay apply	\$10 for office visits \$50 for emergency room visits, if not admitted
Co-pays ■ Percent co-pays	10% for private duty nursing, chiropractic manipulation (for MCO members) and acupuncture	10% for most services	None
Annual out-of-pocket dollar maximums <sup>11</sup>	\$1,000 per member \$2,000 per family	\$2,000 per member \$4,000 per family	None

<sup>11</sup> The out-of-pocket limit does not apply to deductibles, fixed dollar co-payments, or private duty nursing co-payments.